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pense in installing the vacuum cleaning system, it reduces the amount of labor required to keep the home in order, and where there are heavy rugs and heavy carpet runners in the halls, it is quite important that it be given consideration.

*Location and Grounds.*—If there be choice of a location, the pleasantest one should always be chosen. The grounds should be as spacious as possible, with an abundance of lawn settees, tennis courts, croquet grounds, and good roads or walks where the nurses can exercise even in inclement weather.

After spending nine or ten hours a day in the wards over sick patients, the out-of-door life is most essential, and anything which will attract the nurse out of doors will be a good investment, and will pay in the better health and the better work of the nurses.

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## ONE FACTOR IN THE HOSPITAL LIFE OF THE PRIVATE PATIENT \*

By E. MACD. STANTON, M.D.

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THE object in these few remarks is to bring before you for discussion one factor concerning the hospital life of the private patient.

I believe that it is important, because it has to do with keeping the patients contented while in the hospital, and if we can accomplish this they will remain until well, and the hospital not only prospers financially, but earns a good reputation, thus making it less difficult to induce other patients to go there. As a business proposition this is of utmost importance to the hospital, and to the physicians and surgeons a real necessity.

Some time ago my attention was called to this particular phase of hospital management by noticing very decided differences in the attitude of private room patients in each of several institutions. In the case of two hospitals in particular, this difference was most marked.

In one of these, the private room patients remained until they were thoroughly convalescent, a period seldom less than three weeks, and in drainage cases often several weeks longer. During all this time the patients were contented, they seldom asked to go home before they

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were really able, and when they did ask to go, it was usually because their finances would not permit a longer stay. Outside private nurses were rarely employed, although pupil nurses were used as specials for a few days after operation whenever it was deemed necessary, and by this means alone the hospital received a sufficient revenue to pay the entire expenses of the training school. Each patient left this institution with pleasant remembrances of his or her stay, and the entire surrounding community was educated to a frame of mind where it took no arguing on the part of the attending physician or surgeon to induce his patient to go to the hospital.

In sharp contrast to the above, I observed the attitude of the private room patients in another hospital. Here at the end of eight or ten days the patients seemed to be attacked by a peculiar form of hospitalism. They fairly begged to go home and fretted and worried until they were allowed to go. Worse still, they afterward cherished most unpleasant impressions of their hospital sojourn, so that it was difficult or impossible to get other members of the family or friends to go to the hospital even though they urgently needed hospital treatment. Furthermore, in this latter hospital the outside private nurse was almost a necessity, not from a technical medical view-point, but largely as a means of pacifying the restless patient, for which purpose she was far more useful at the end of the first week than during the first few days of the postoperative care, when the patients were sometimes really sick enough to require a special nurse.

I am sure that I have not exaggerated the differences in the mental attitude of the patients in the two hospitals. The conditions were so strikingly different and of such great practical importance, that I spent a considerable time trying to analyze the factors which were responsible for the difference noted.

Among the factors considered were: 1. The class of patients. Here no marked difference could be found, for the run of patients was about the same in both hospitals, except that the successful hospital cared for more farmers and farmers' wives—a class of patients peculiarly hard to hold contented in a hospital. Therefore it could not possibly be due to a difference in the class of patients treated in the two institutions.

2. Nature of disease and class of operative work done. No essential difference between the two institutions could be made out on that score.

3. Postoperative treatment. This was practically the same in the two institutions.

4. Building construction. This was all in favor of the hospital which could not keep its patients, for this was a newer and better-built institution, with far better light and surroundings.

5. Diet. No essential difference could be made out on this score.

6. Nursing. I was sure that here could be found the real explanation, but upon closer analysis I found the purely technical side of the nursing to be about the same in both institutions. Doctors' orders were if anything a little more rigidly carried out in the less pleasing institution. In this institution, the beds were faultlessly made, with seldom a wrinkle, and the rooms always looked as though they were being used that day for the very first time. Then, too, a large proportion of the private patients had special outside nurses. On the other hand, in the more pleasing institution, the pupil nurses were worked fully a third harder and many little frills of bed making and the like were often somewhat neglected. I finally had to abandon the idea that a difference in nursing might be the really important factor.

It was not until I happened to visit one of the newest and most expensive of the metropolitan hospitals, that I obtained my first clue as to what I believe to have been the chief factor in explaining the difference between these two hospitals.

I spent an hour or two in the internes' quarters of this perfectly modern hospital and these quarters were truly faultless from a technical stand-point. White enamelled walls, white enamelled dressers, white enamelled mirrors, bedsteads, tables, everything. At first I was pleased with the effect, but in about an hour, I remember thinking that I would like to run out and get a bucket of red paint and relieve the institutional atmosphere by a few of my own crude attempts at decorating. It was some time before I realized that the private rooms of the less pleasing hospital were but little less perfect in their hospital furnishings than the metropolitan hospital which had cost several millions. However, after an absence of some weeks, I returned again to the more pleasing hospital, especially with the idea of analyzing the conditions in it. I was a little disappointed in the linen, and the beds; and even the nurses did not seem to have such perfect discipline, but throughout the entire place there was a studied absence of all these unlettered sign boards, which spell HOSPITAL to the lay mind.

The iron or brass bedstead was the only bit of purely hospital furniture in the private room. The dresser, the wash-stand, the chairs, the tray table were all plain and hygienic, but they were in no wise different from those the patients were accustomed to in their own

homes. The walls were tinted in pleasing colors. There were pictures on the walls, and rugs on the floor and often curtains at the windows.

With the exception of the nurse and the occasional visit of the doctor, there was absolutely nothing to suggest hospital to the patient. Here the delicate and nervous woman, who had always had more or less dread of the very name hospital, soon forgot that she was in a hospital at all, or at least the only fixed impression was that conveyed to her by the kind nurse who ministered to her wants.

In the other hospital, on the contrary, every time the patient opened her eyes she saw a white enamelled dresser, a white enamelled clothes press, some equally white chairs, a white screen, bare walls and bare floors, all of which at once suggested the distasteful little thought *hospital*, re-enforced by the sight of a white gowned nurse. Now, two, or three, or four such impressions do not amount to so very much, but like the little drops of water which are allowed to fall at regular intervals upon the victim of that most effective form of torture of Phillipine fame, the repeated suggestion *hospital* which the patient receives every time she opens her eyes becomes at the end of the week almost unbearable. No amount of good nursing suffices to overcome this form of hospitalism, and sooner or later the patient goes home with a fixed impression that a hospital is an unbearable sort of place.

It is only fair to say that the conditions have now been largely corrected in the institution with the overabundance of hospital furniture.

I have only tried to emphasize one little factor in the making of a hospital, but it is very closely related to one of the most fundamental of facts, namely, that a patient is not simply a pathological entity, but on the contrary a delicately constituted human being, with fancies and whims, likes and dislikes, all of which are far more real to the patient than any of the details of asepsis or the technical points in nursing; and the successful hospital, like the successful physician, must plan to care for the personal feelings of the patient as well as to treat the disease.

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## SUGGESTIONS FOR CONVENTION VISITORS

By MARY E. THORNTON, R.N.

A good view of the New York sky line is obtained by taking the West 23d Street Pennsylvania ferry to Jersey City, from the landing there, a "Brooklyn Annex," and from the Brooklyn dock, a ferry to the Battery. At night, when the harbor is full of lighted craft, this is very picturesque, but in daylight one is able to see Ellis Island, with